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June 23, 2003

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TO: Examiner Willse (TC1600)

GROUP: 3738

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: INT-0004

SERIAL NO.: 10/002,653

FILED: October 19, 2001

NUMBER OF PAGES: 10

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MESSAGE: Attached please find Amendment Transmittal Letter, Certificate of Transmission by Facsimile, Preliminary Amendment and Reply to Restriction Requirement.

Kathleen A. Tyrrell, Registration No. 38,350

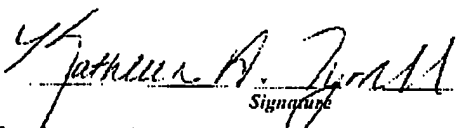
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. INT-0004	
Applicant(s): Mattern et al.					
Serial No. 10/002,653	Filing Date October 19, 2001	Examiner Willse, David H.	Group Art Unit 3738		
Invention: Collagen Glycosaminoglycan Compositions for Use as Terminally Sterilizable Matrices					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: June 23, 2003		
Licata & Tyrrell P.C. 66 East Main Street Marlton, NJ 08053 Tel : 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					